

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN443AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/10/2009
NAME OF PROVIDER OR SUPPLIER ALTERRA WYNWOOD OF SPARKS		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 E. PRATER WAY SPARKS, NV 89434		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 3/10/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 74 Residential Facility for Group beds for elderly and disabled persons, Category I residents. The census at the time of the survey was 64. Fifteen resident files were reviewed and 10 employee files were reviewed. One discharged resident file was reviewed. The facility received a score of 24 points which is a grade of a "B". The administrator may submit an application to the Bureau for a resurey of the facility not later than 30 days after receiving the placard.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 250 SS=F	<p>449.217(1) Kitchens-Equipment works; Clean and Sanitary</p> <p>NAC 449.217</p> <p>1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition.</p>	Y 250		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 250	Continued From page 1 This Regulation is not met as evidenced by: Based on observation, record review, and interview on 3/10/09, the facility did not ensure its kitchen allowed for the sanitary preparation of food in the following areas: outdated foods; undated foods; ice build-up on the door and water pipe of the freezer; soiled floor between the oven and the stove; and no refrigerator thermometer in the small dining room. This is a repeat deficiency from the 4/4/08 annual State Licensure survey. Severity: 2 Scope: 3	Y 250		
Y 274 SS=C	449.2175(5) Service of Food - Substitutions NAC 449.2175 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the service of the meal. This Regulation is not met as evidenced by: Based on record review and interview with the dietary manager on 3/10/09, the facility did not ensure that menu substitutions were being documented and kept on file for at least 90 days. Severity: 1 Scope: 3	Y 274		

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Y 280	Continued From page 2	Y 280			
Y 280 SS=D	<p>449.2175(10)(a) Dietary Consultant & Services</p> <p>NAC 449.2175 10. The person providing services pursuant to subsection 9 shall provide those services not less than once each calendar quarter. The administrator of the facility shall keep a written record of the consultations on file at the facility. The consultations must include: (a) The development and review of weekly menus.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 3/10/09, the facility failed to ensure that a dietitian provided consultation for the planning and serving of meals for 1 out of 4 calendar quarters.</p> <p>Severity: 2 Scope: 1</p>	Y 280			
Y 878 SS=E	<p>449.2742(6)(a)(1) Medication / Change order</p> <p>NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:</p>	Y 878			

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Y 895	Continued From page 4 residents (Resident #2, #7 and #9). Severity: 1 Scope: 2	Y 895			
Y 936 SS=F	<p>449.2749(1)(e) Resident file</p> <p>NAC 449.2749</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Based on record review on 3/10/09, the facility failed to ensure that 1 of 15 residents complied with NAC 441A.380 regarding the timing of admission tuberculosis testing (Resident #6) and 2 of 15 residents did not meet the requirements for TB testing (Resident #7 and #14) which affected all residents.</p> <p>This was a repeat deficiency from the 4/4/08 State Licensure survey.</p> <p>Severity: 2 Scope: 3</p>	Y 936			

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